

06-09-00

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

Attorney Docket No.	RE97.18
First Named Inventor	Joseph P. Markham
Original Patent Number	5,865,146
Original Patent Issue Date (Month/Day/Year)	February 2, 1999
Express Mail Label No.	EL245411704US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- * Small Entity ☒ Statement filed in prior application,
Statement(s) ☒ Status still proper and desired
(PTO/SB/09-12)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: See Attached Page 2

*** NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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NAME (Print/Type)	Gary D. Fields	Registration No. (Attorney/Agent)	19,604
Signature	<i>Gary D. Fields</i>	Date	8 June 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) RE97.18		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 13	**** 0 =	x \$ 9 =	0	or	x \$ ____ =	
(C) 6	Independent Claims (37 CFR 1.16(i))	(D) 8	* 2 =	x \$ 39 =	78		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$345		\$ ____	
Total Filing Fee					\$423	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =	or	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>06-0778</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>423.00</u> to cover the filing / additional fee is enclosed.</p>								
<u>8 June 2000</u> Date		Gary D. Fields <u><i>Gary D. Fields</i></u> Signature of Applicant, Attorney or Agent of Record						
_____ Typed or printed name								



JC836 U.S. PTO
09/589788
06/08/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re The Reissue Application of)
Joseph P. Markham)
Reissue Application of)
Patent No. 5,865,146)
Issued: February 2, 1999)
For: "Bouncing Pet Toy")

Assistant Commissioner for Patents
Washington, D.C. 20231

"Express Mail" Mailing Label No. EL245411704US

Date of Deposit: June 8, 2000

I hereby certify that the following:

- Reissue Patent Application Transmittal (2 pages)
- Reissue Application Fee Transmittal Form (1 original and 1 copy)
- Preliminary Amendment
- Four (4) formal drawing sheets
- Reissue Application Declaration by Inventor with copy of U.S.
Patent No. 5,865,146 as specification
- Reissue Application By the Assignee Offer to Surrender Patent
- Statement Under 37 CFR 3.73(b) with copy of Assignment
attached
- Consent of Assignee
- Submission of Information Disclosure Citation
- Copies of references cited
- Check for \$423.00 for the filing fees
- Return postcard

are being deposited with the United States Postal Service "Express Mail
Post Office to Addressee" service under 37 CFR 1.10 on the date indicated

above and are addressed to BOX REISSUE, Assistant Commissioner For
Patents, Washington, DC 20231.

Virginia A. Sawatzke

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Date: June 8, 2000